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PORCELAIN  
STEM PESSARY.

BY EPHRAIM CUTTER, M.D.,

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# PORCELAIN STEM PESSARY.

BY EPHRAIM CUTTER, M.D.

The object of the stem pessary of the writer is to reduce uterine flexions and displacements by straightening out the former as on a splint, and by holding the uterus in situ naturali. Elsewhere\* the subject is treated at some length, so that only a brief reference to the principles that govern the application of the instrument is required here. With a case in hand, one should see that the uterus is normal in size, that hyperæsthesias of vagina and uterus are removed, that no complication of tumor, abscess or conception exists, that the patient is under control, can and will keep quiet if necessary. Better for the first trial to be in bed undressed. If on application there is too much irritation set up, as shown by chills, fever, tenderness on pressure of the abdomen and on the pessary, heat of vagina, etc., the patient's physician, or she herself should remove the instrument, apply fomentation to the abdomen, keep at rest in bed and use such remedies as may seem best to the attending physician. Thirty grains of iodoform in gelatine capsules may be used twice a week in the vagina, and after a time the attempt may be renewed to apply the pessary.

If after a few trials the instrument is not tolerated, the case must be relegated to the category of those that are unable to wear a stem pessary, *for there are such*, and some, perhaps nearly all, practitioners, include all women in this class, for it has been said publicly "that no stem pessary can be worn." This positive dictum was not because of the imperfections of the present stem as to mechanical principles, for it keeps the uterus in situ naturali without absolute immobility, does not get out of order readily, can be worn, despite the dictum above, for months, and after once being applied and fitted does not need much attention from the physician. The great objection lies in the fact of the stem, being intra-uterine, producing discharges, irritation or inflammation, with its sequelæ. This being the case, attention has been given to procuring for the

\* "Contribution to the Treatment of Flexions and Versions of the Unimpregnated Uterus." Boston : J. Campbell & Son. 1876.





stem a material which is least irritating, and which at the same time is mechanically workable.

At the time of the invention of the stem in question, hard rubber was used, as it was conceded to be the best material for the purpose. Although hard rubber is a composite substance of an organic nature (rubber) and a mineral element (sulphur), still not much objection has been raised to its employment as an appliance in and about the human body cavities. Indeed, in the experience of the writer, as an intra-uterine stem it has done well in many cases, but in others it has produced discharges sometimes of a fetid and bloody character.

In looking about for a substitute, the writer directed his attention to dentistry, which probably makes more permanent artificial applications to the mucous membranes of the human body than any other art, if we except that of the tobacconist.

The most used material in dentistry is vulcanized rubber plate colored red with mercuric sulphuret. I was always prejudiced against this material for intra-uterine use, on account of the mercury. I never could be divested of the feeling that the combination of mineral teeth-rubber, sulphur and mercury would not act otherwise than as a galvanic battery in the mouth or uterus, and thus do harm. What I have seen confirms this view, and there is no doubt that many cases of chronic disease are aggravated if not caused by the use of mercurial rubber plates. Hence, I never used it for the stem pessary. I supposed that the common black hard rubber plates were innocuous because free from mercury, and hence would answer for the stem until I saw a case where a young unmarried woman had worn a hard rubber plate on the upper jaw for some time, with eyes sore, ears deaf, face spotted with sores, with gingival margins of upper alveolar process, covered longitudinally with a pediculate proliferation soft and boggy. I was convinced that hard rubber was noxious for internal uses sometimes; for when a mineral porcelain plate (to be described) was substituted, in one month's time the deafness left, the sores on eyes and face healed, and the proliferation had nearly disappeared. A good aurist and oculist had failed to cure this case by local treatment. Further investigation of the plate which cured showed it to be made of silica, feldspar and quartz in its entirety of substance, teeth and all.

The following points seem worthy of note:

1. The mineral plates agree with the oral tissues so that they continuously fit tightly and firmly. Rubber plates are apt to get loose because of absorption of the substance of the jaw.
2. The mucous membrane and alveolar processes grow up into close contact with the mineral plate.
3. New bone forms under the plate in the alveolar process.
4. They are not acted on by the botanical and chemical fluids found in the mouth and pharynx.
5. The plates are never broken inside the mouth, though when ejected on the floor, by coughing or sneezing, or when subject to blows or shocks outside



the mouth they break. Because a watch is damaged by falling, it is not regarded as a detriment to its use as a timekeeper.

6. Being made of mineral earths there is no galvanic action like that which sometimes occurs with even platinum plates, as shown by the following case :

On April 2, 1884, I saw Mrs. C., 228 East 12th street, N. Y., an elderly lady, who said she had worn false teeth for many years. A platinum plate gilded with gold was used for the upper jaw, in combination with a red rubber set for the under jaw. These were worn for four years without trouble, when she had a bad sore mouth and throat, which she thought proceeded from her stomach, and for which she had medical advice to no avail. But when, four years ago, both upper and lower sets were replaced by the mineral plates, immediately her mouth and throat got well, and have remained so ever since. It would seem here that the combination of platinum upper plate and vulcanized rubber for lower jaw formed a galvanic battery, excited by the mouth juices, which caused the local oral inflammation as proved by the history of the case.

The cure in this case was so closely connected with the change of plates, that the connection between cause and effect was clearly seen ; besides, so many other cases present the same connection that I think it would be mulish to deny it, and I feel fully justified in presenting these statements.

The dentist who made these plates is Dr. W. E. Dunn, 39th street and Lexington avenue, to whom I acknowledge my indebtedness, for without his aid I could not have had porcelain pessaries.

So far as my investigations have gone into the workings of the mineral plates, the evidence points all in one way : to their superiority to any other material for false teeth.

Red rubber plates may not only cause diseases of the mouth, but of other parts of the system. In chronic cases of disease, the oral cavity should be examined to see if false teeth are not undermining the health of the patient, in addition to other lesions.



With this introduction, the special application of mineral, stone or porcelain to the material of the stem pessary aforesaid is in order.

The manufacture has been found difficult, owing to the plastic condition to which the material is reduced by the high heat of the refractory furnace, about 4,500 degrees. Sometimes the stems bend out of shape and curl to look like a hook, so the longitudinal accuracy of the lathe-finish of the hard rubber must not be expected. Still it is susceptible of high lustrous polish, like the mineral teeth and plates, which are smooth, shiny and pearly as the natural specimens.

Another mechanical difficulty is the immovable disc. This has not been overcome as yet. In cases when the flexion, straightened out by the uterine sound, immediately returns on the withdrawal of the sound, it will



be necessary to use the ordinary hard rubber stem with movable disc\* until, so to speak, the "spring" has been taken out of the uterus, and it will remain in place long enough to get in the porcelain stem, which, when introduced, is to be worn continuously until the lesion of place is cured. It is worn through menstruation. The menstrual fluids flow readily by the smooth surface of the stem. There is no need of a groove in the stem as some have suggested. The instrument should not hurt the patient, nor press on any part to make it sore. If so, the iodoform can be used inside the vagina by the side of the stem, and when this is ineffectual, the case should be remeasured, and either the pessary changed in its curves by heating over a flame, or a new one should be substituted that corresponds better to the vagina and perinæum.

Dr. Sims once said, when he was told a story: "Give me details. The failure of communicating ideas is from the absence of details."

The following are some details:

It happens sometimes when an instrument is fitted properly that after a time the hook presses on the perinæum. This means that the uterus is rising in the pelvis to its proper place.

In many cases of version and flexion there is a sagging; or, to use a vulgarism, a "squashing" down of the uterus and vagina in the pelvis. Of course, when the uterus is first repositied and straightened by the sound, it is not elevated in the pelvis, since the contraction of the vagina and the uterine supports would press too heavily on the disc and cause irritation and other trouble; hence, in my opinion and practice, the organ should be held in this position on the smooth upper surface of the disc until it rises of itself by regaining the former elasticity and strength of the uterine supports, so that the necessity of substituting a longer pessary is no objection; on the contrary, it is a recommendation, since it shows that one object of artificial uterine support has been gained—to wit, the restoration of the power of the uterine supports to elevate the organ to its *situs naturalis*.

I tried to combine one stem with bodies of different lengths, so that all the physician would have to do would be to simply change the body, and not the whole instrument, in the cases of uterine rising. This appeared feasible, but practically it failed, from mechanical difficulties encountered in the workshop.

How do we know the instrument is doing well? Answer—By the relief, more or less complete, to the neurotic symptoms that have tormented the patient. Walking, riding, exercising, household and even professional duties should be performed with more ease than before.

A late writer has alluded to the weight of the uterus being only a few drachms, and that the effects of lifting such a slight weight cannot avail much; that when it presses on the bladder this weight is too small to amount to anything. Now, the fact of the light weight remaining, it is also a fact that frequent micturition, hyperæsthesia in hands, head, stomach and elsewhere, have been relieved simply

\* In the work referred to above, the advantages of the movable disc are described. It is enough here to say that the disc is held by a bayonet catch, and can be let down on the body of the stem so as to allow the stem to enter the uterus closely by the side of the sound previously introduced. Lately I had a case where I could not introduce the porcelain stem, while the movable disc stem was applied with facility.



by replacing the uterus to its normal site with the sound or stem, so often, so consecutively and so positively, that the relation between cause and effect was too pronounced to be overlooked. I have seen in cases thus maintaining the uterus in position a restoration to the active duties of life, and development of the bust, form and carriage, from being flattened, bent forward and drooping, to full bust, deep chest and upright trunk. It has seemed as if a load that had been drawing the woman down towards the earth had been lifted off. Indeed, the clear, bright flashing eye, the easy, quick and graceful movements, the spirited countenance, the poise, the stamina, have shown a wonderful change from the drooping eyes and form, the slow, moping and uncertain carriage, from the premature sitting down in quiet with folded hands like a grandmother, from the immobile face, and from the giving out from exhaustion by a little exercise, labor or employment. Women have been called lazy, hypochondriac, nervous, with an idea significantly conveyed, if not expressed in so many words, that this condition was something that they could help. Had the same women broken their thighs, not a word would have been said when they asked for professional aid, but when they suffer from uterine troubles, which, when unrecognized and untreated, are worse in their effects on the system than a broken thigh (for they cause neurosis more acute than the pain of fractures), is it reasonable to chide them for asking for assistance then?

#### LAZY FOLKS.

I sometimes wish folks were more lazy. How many physicians see their work upset by injudicious exercise of their patients, who have an irresistible impulse to do some work that they think needs to be done, and that they can do as well as not. I think it would be much better for all concerned if patients would regard themselves as doing a great work in waiting to get well, even if an ignorant public sentiment calls them "lazy."

For example—A young woman with anteversion and anteflexion felt so much relieved by the use of the porcelain stem, that she was exuberant in her expressions of joy and happiness. She fell into the error of doing some work too soon, for she thought she "could now be of some use in the world." The result was a tenderness on pressure of the stem, a slight enlargement of the uterus, headache, backache, and general malaise, which was the more wretched as the previous relief had been joyous. An enforced rest was taken, and she was put back weeks. Had she been content to have kept quiet, within the bounds assigned her, all this would have been avoided, and her *esprit du corps* would not have waned.

The extent to which any sick person can go, is difficult to decide, but it is better to err on the side of laziness, as it is safer than the side of work. The late Dr. Beard believed in a "work" cure as well as a "rest" cure, and he was right; but when one has hyperæsthesia from a dislocated and twisted uterus, the strain is from overtension not undertension, and it takes time to restore the loss. Thus, when the lesion of place is cured, one would expect a cure of the neuroses, but it is not so always. The cause is removed but the results remain to a great extent, as when a huge boulder is rolled down a mountain side, the



force that caused the roll ceased the instant that the stone started, but the weight carried it down the incline, crushing trees, rocks and all obstacles in its way, till the foot of the mountain is reached, but it takes time for the marks of the devastation to cease, and the traveler descries it at a long distance, and for a long time; but if no more boulders follow the track it will become obliterated. So, the uterine lesions ceasing, if the patient is careful and properly nourished, the disturbed nerve centres will regain their normal state and health.

The writer suffered from consumption of the bowels in childhood, and he also suffered from an oversensitiveness of the bowels for forty years. The smell of a hot confined room, crowded with people, would, up to that time, cause a diarrhoea. But now, at 52, this has passed away. Patients who have recovered from dysentery of a severe type have told me they have suffered from weakness in the bowels for many years. These serve for examples.

The best diet for a case which is not absolutely rigid is one mouthful of vegetable to two of animal food. Baths of ammonia and warm water: sponge all over at night. Drink hot water, one pint one hour before each meal and on retiring.

#### COMPARATIVE VALUE OF THE PORCELAIN AND HARD RUBBER STEM.

Have the expectations been realized? Not fully, so far. As a general rule there has been a cessation in the amount of vaginal discharge; in some cases there has seemed to be no difference. Some patients have thought that the feeling of slight heat was removed by the change of pessaries. One said that the hard rubber stem relieved the head but not her back, but that the porcelain stem caused both back and head ache to cease.

One patient, who could not wear the hard rubber stem, now wears the porcelain stem without any trouble whatever, and calls it her "little china doll." She is engaged in the active practice of teaching, which I am quite sure she could not do were it not for the stem pessary. In this case there was a complication of consumption. The combination is a formidable one, but this makes the cure more worthy of note. She complained not of pain, but of prostration more or less complete after exercising, which ought not to have tired but exhilarated her were she well. This case also presented vaginismus and uterismus, relieved by iodoform gelatine vaginal capsules, 30 grains twice a week. In a fortnight the anteversion was relieved by a sound, and a stem was introduced.

Here I cannot speak too highly of iodoform. It is the best nerve sedative known, and it can be used without fear of harm in quantities of 30 grains at a time. It heals, it has no local chemical action, it has no bad after-effects like opium. It does not constipate or disturb the liver or appetite. Its smell is its greatest objection, but by the free use of absorbent cotton, and a drop of oil of citronella (made from a grass citronelle that grows in Ceylon, not used in medicine, but employed in the arts of the hairdressers), as suggested by Dr. Philip Leidy, of Philadelphia, the smell can be obviated to a great extent. I think those that use tobacco and discard iodoform are not consistent or wise, for tobacco is disgusting to many and a poison, while iodoform is one of the most valuable contributions of modern chemistry to medicine, and ought to be



held in the highest esteem by women as a positive drug of remarkable medicinal powers. If the odious smell of tobacco is no bar to its use by so many millions as an æsthetic, the softer, but more persistent odor of iodoform ought to be no bar to its use as a drug. Tobacco smoke acts as an emetic on me, but iodoform soothes with the soft ease of assafoetida. The capsules administered are the 1-32 oz. vaginal, made by Planten & Son, and others. It is a good plan to order them filled by the apothecary, who will find a gold pen reversed the best shovel, and who should not allow the iodoform to be spilled on the outside of capsules. The patient can introduce them herself, and thus save the time and trouble of the physician. When there is vaginismus, the physician had better apply the capsules, and he will find them an improvement over the mode by the speculum, which to a virgin vagina, hyperæsthetic and contracted down to the size of one's forefinger, is barbarous without anaesthesia. If the capsules are dipped into water they will enter with more facility. If simply introduced dry, sometimes the capsules will stick tight as if glued to the mucous membrane, and it will cause pain to move them, and sometimes the capsules will be torn and the sharp edges lacerate the vagina, for it must be remembered that the most natural thing for the vagina when hyperæsthetic is to contract on to any foreign body, and cause the most exquisite pain. But the capsule when wet will slip in so quickly and smoothly, that it is fully introduced before the vagina has time to contract. Care should be taken not to wet the capsule too long before use, as it will then have such elastic walls that the pushing finger will penetrate its substance like a hernia. If the wall of the capsule is rigid there will be no trouble.

#### CARE OF A STEM PESSARY.

For the first few days care should be taken that there is no tenderness, that the rising of the uterus is met with another instrument, that the tension of the suspensory cord is maintained, not too loose and not too tight, and that the patient learns how to manage during defecation. This is done by loosening the belt before sitting on the water closet, holding with one hand in front the pessary just above the joint, and then turning the outside segment forward with the other hand, and, thus held with the first hand, use the instrument during defecation. When the function is concluded, hold, as before, the pessary firmly, turning the outside segment, and the symmetrical feel of the instrument will indicate when it is rightly placed; then tighten the belt. During baths the instruments should be kept in, but the belt can be replaced with a tape around the waist, as the wet webbing would be uncomfortable, if not dangerous. Never introduce a stem at the office, always do so at the domicile. The patient had better be so situated that she can keep still. It is well, sometimes indispensable, to have all clothing removed, save the night-clothes. The clothing should be suspended from the shoulders—chemiloons. It is folly to try to keep a womb in place when the corsets and clothes press down from above. If the patient feels any trouble, she should lie down and keep still till it has passed away. Should there be chills, fever, unusual soreness in abdomen or pessary to touch, the patient may remove the instrument and try



again. The physician should examine vagina and see if the uterus rests down on the disc, if the vagina is not hot and dry, or tender on pressure. When the vagina is cool and moist let the stem remain. See that the uterus does not swallow the disc; if so, remove it. It will not answer for the stem to impinge on the fundus. Apply tannin capsules, and iodoform capsules, and intra-iodoform pencils. This intra-uterine treatment should precede the stem if the inside of the uterus is tender. I rely on the iodoform to relieve sub-involution or enlargement.

A stem pessary ought not to be worn when the uterine cavity is over three inches in depth, as the womb may bend over the end of the stem and cause trouble. If the rectum is hyperæsthetic, use the iodoform capsules. If the bladder is hyperæsthetic, examine for stone and for cryptogamic vegetations in the bladder. Never try to hold up a uterus connected with a tumor, or abscess or stricture. If there are adhesions of the uterus they should be broken up. The stem may be used when there are latero-versions and flexions. Always make a diagnostic exploration with the uterine sound, and move with care for fear of mistakes.

213 WEST 34TH STREET, NEW YORK, *August, 1884.*







